

**APPLICATION FOR CHECKPOINT STRIKEFORCE MINI-GRANT**

Amount Applied For: \$	Federal ID No.:	
Date of Checkpoint (Month, Day, Year):		
Agency or Organization Requesting Grant:		
Project Manager:	Telephone:	
Title:	Fax:	
Address:		
City:	State:	Zip:
E-Mail Address:		
<i>In compliance with this application the undersigned agrees to furnish the goods and services in accordance with the actual proposal.</i>		
_____ Signature of Project Manager		_____ Date

Submit Completed Application to Project Director:

Please provide the following information:

1. Total number of police officers in your agency: _____
2. Number of police officers performing traffic safety duties: _____

Your Checkpoint Strikeforce Law Enforcement Report showing your checkpoint activity is due to your CTSP 3 days after the event.

_____ Mini-Grant Number	_____ Amount Approved
_____ Approval Signature of Project Director	_____ Date
_____ Approval Signature of CTSP Manager/Supervisor	_____ Date
_____ Approval Signature of TSS Assistant Commissioner	_____ Date